

ENROLLMENT REQUIREMENTS CHECKLIST

SMALL GROUP

- Completed Employer Application
- Completed Employee Applications – Including Waivers
- Disclosure of Rating and Renewability Form
- Copy of Invoice from most recent carrier
- Copy of Sold Quote
- Copy of most recent Wage & Tax Form – Full-time and Part-Time employees noted
- Affidavit of Domestic Partnership Form – only if Domestic Partner Coverage was checked on Employer Application

All documentation MUST be submitted by the 10th of the month or the next business day in order to have coverage effective on the 1st of the following month.

**If you have any questions,
please give us a call at: [855.494.2667](tel:855.494.2667)**



HEALTHCARE COOPERATIVE